



Working Together for a Healthier Washington

Global Medicaid Transformation Waiver

Concept Paper Webinar - June 15, 2015



Better Health, Better Care, Lower Costs



Connecting Online

- 2 Options for Audio: “Use Mic & Speakers” or “Use Telephone.”
- Please use the online question pane to submit questions throughout the webinar.
- We will ask our panelists to answer questions at the conclusion of the presentation.



Panel and Presenters

- **Jane Beyer, Assistant Secretary**
Behavioral Health and Service Integration Administration
Department of Social and Health Services
- **Bob Crittenden, Senior Policy Advisor**
Governor's Office – Health Care
- **Nathan Johnson, Chief Policy Officer**
Health Care Authority
- **MaryAnne Lindeblad, Medicaid Director**
Health Care Authority
- **Bea Rector, Director**
Home and Community Services
Aging and Long Term Support Administration
Department of Social and Health Services



Webinar Goals

- Review the Governor's vision for a Healthier Washington and transforming Medicaid as the next step
- Discuss concepts in the Global Medicaid Transformation Waiver (Global Waiver) Concept Paper
- Highlight important next steps, opportunities for engagement, and review timeline
- Engage in Q&A with leadership panel

Healthier Washington – Governor Inslee's Vision



Plan for a Healthier Washington

Building healthier communities

- Funding and supporting Accountable Communities of Health
- Linking statewide and regional priorities

Ensuring health care focuses on the whole person

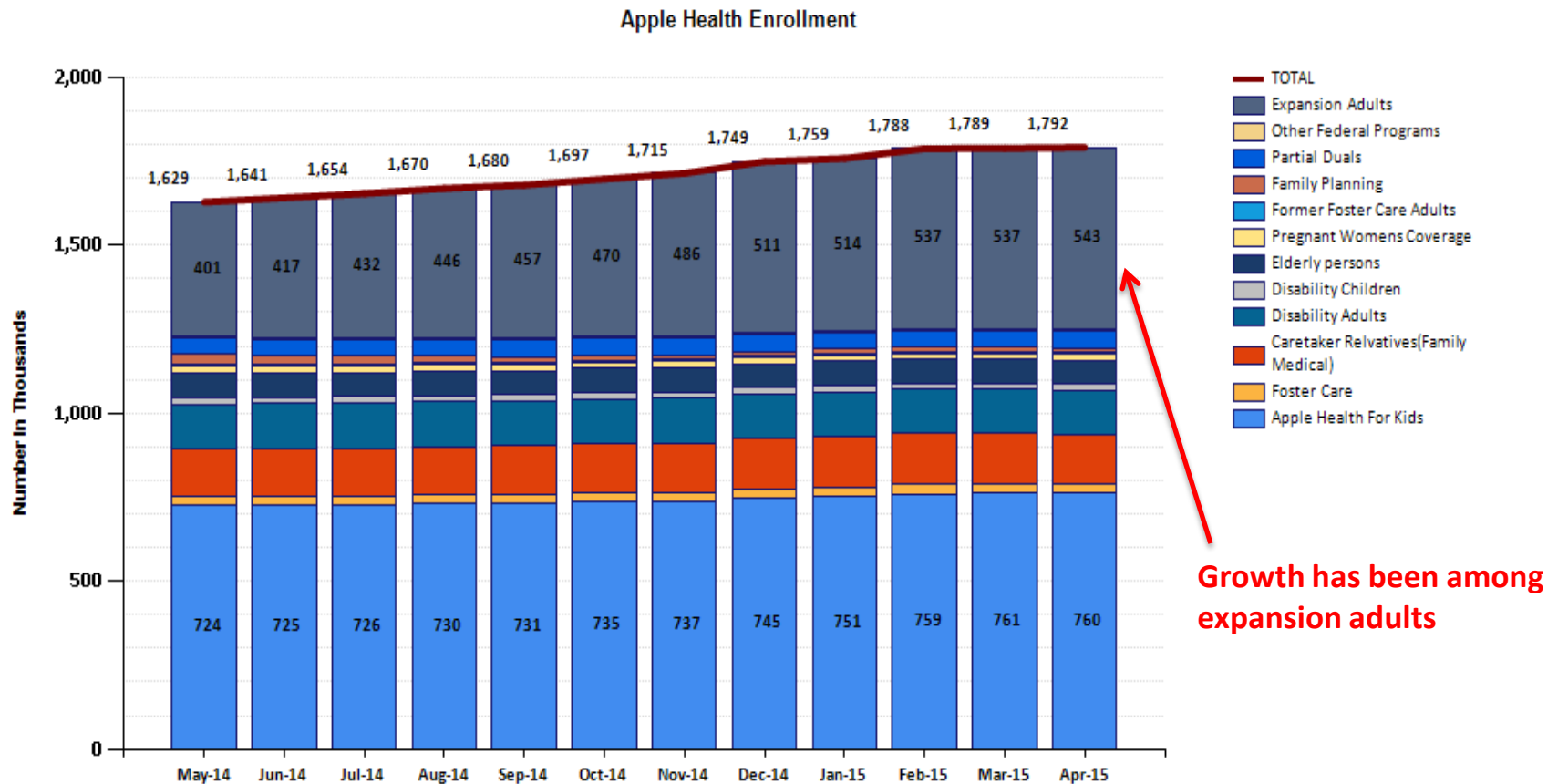
- Integrating physical and behavioral health care in regions
- Spreading and sustaining effective models of care
- Connecting health care with community and social supports

Improving how we pay for services

- Measuring, improving, and reporting common statewide performance measures
- Purchasing for Apple Health and state employees that drives the market toward value-based models

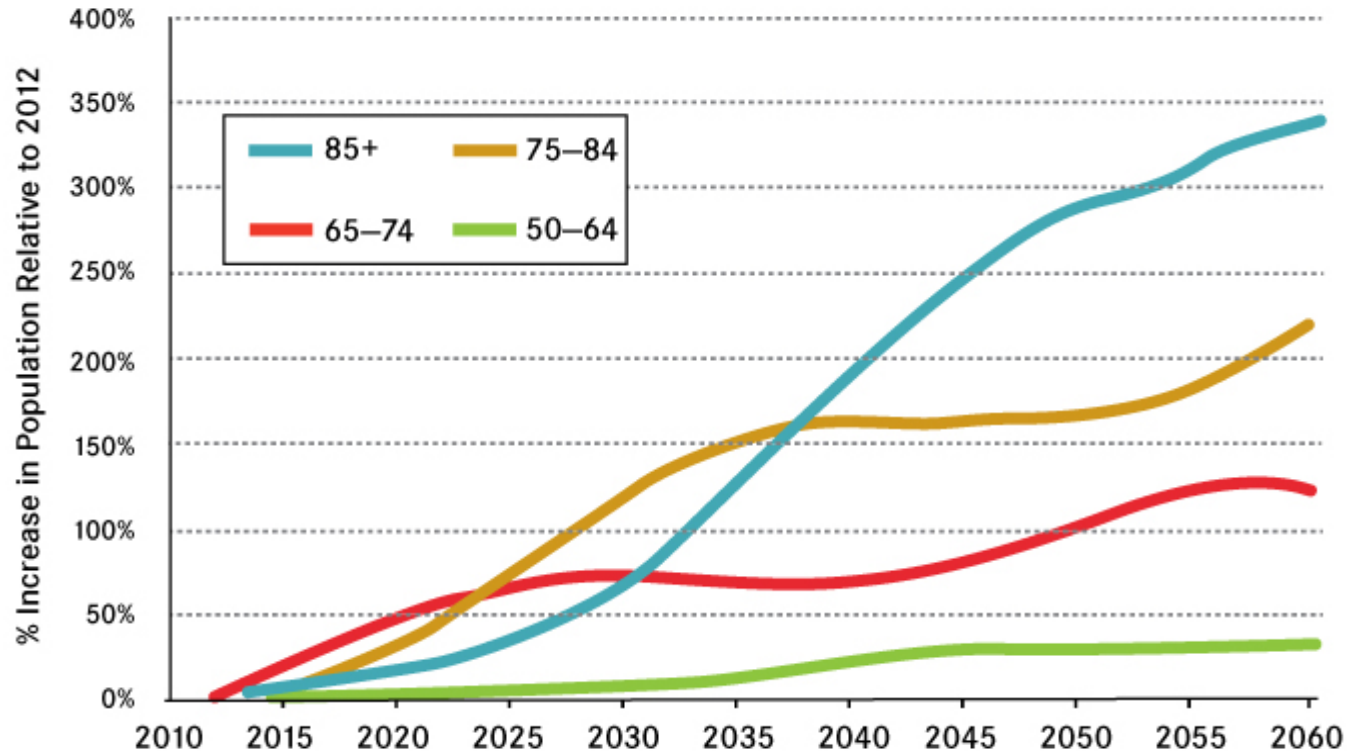
Unprecedented Growth in Medicaid

Non-Lagged Medical Programs Enrollment May 2014 – April 2015



Unprecedented Demand for LTSS

Projected Growth of Older Population in WA State as % of 2012 Population



Source: Washington State Department of Social and Health Services, Research and Data Analysis Division

Vision for Delivery System Transformation

Current System		Transformed System
Fragmented clinical and financial approaches to care delivery	➔	Integrated systems that deliver whole person care
Disjointed care and transitions	➔	Coordinated care and transitions
Disengaged clients	➔	Activated clients
Capacity limits in critical service areas	➔	Optimal access to appropriate services
Individuals impoverish themselves to access needed LTSS	➔	Timely supports delay or divert need for Medicaid LTSS
Inconsistent measurement of delivery system performance	➔	Standardized performance measurement with accountability for improved health outcomes
Volume-based payment	➔	Value-based payment

Healthier Washington is Under Way



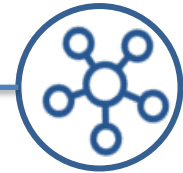
Medicaid Purchasing

Reforming Medicaid purchasing, cross system performance measures, common regional services areas (RSAs)



State Innovation Models (SIM) Initiative

Launching key initiatives that invest in infrastructure to support multi-payer health transformation, including Accountable Communities of Health (ACH)



Global Medicaid Transformation Waiver

Medicaid flexibility, authority, and investment needed to engage and support Apple Health clients, providers, and communities in achieving improved health, better care and lower costs



Accountable Communities of Health

- “Regionally governed, public-private collaborative tailored by region to align actions and initiatives of a diverse coalition of players in order to achieve healthy communities and populations.”
- Engage in state-community partnership to achieve transformative results and implement key Medicaid transformation activities.
- Recognition that no single sector or organization in a community can create transformative, lasting change in health and health care alone.
- Serve geographic regions that align directly with Washington’s regional service areas (RSAs) for Medicaid Purchasing.
- Facilitate collaborative decision-making across multiple sectors and systems.

Accountable Communities of Health



Global Medicaid Transformation Waiver



The Commitment to Washingtonians

- Everyone will have access to health coverage
 - 1.7 million Apple Health members; 543,000 newly eligible adults added
- As you age, you and your families will not be on your own
 - In the next 20 years the population of 65+ is set to double again
- Care should focus on keeping people healthy across all of their needs
- Services will be designed for better health, recovery, and quality of life
- The system will be sustainable



Traditional Ways to Address System Challenges and Budget Shortfalls

- Cut rates
- Cut people from care
- Put people on waitlists
- Cut services and benefits

We have the opportunity to do better



What the Global Waiver Does for Us

- Gives the flexibility to pay for what works
- Scales and spreads models of care
- Builds connections that allow for the right care, at the right place, at the right time, with the right provider
- Supports providers in building capacity to thrive in a transformed system
- Strengthens commitment to community empowerment and accountability



Global Waiver **Goals** → Strategies → Activities

- Reduce avoidable institutionalization in acute care hospitals, psychiatric hospitals, and nursing facilities
- Improve population health
- Accelerate payment reform to pay providers for better health outcomes
- Bend the Medicaid cost curve by two percentage points below national trend

Global Waiver Goals → Strategies → Activities

Interconnected strategies give Washington the ability to actively engage and support Apple Health clients, providers, and communities in achieving improved health, better care, and lower costs



Integrate **physical and behavioral health services** that more effectively provide whole person care



Build and strengthen clinical-community linkages to address Medicaid clients' **social and community-based service** needs



Develop and expand targeted **long-term services and supports** for individuals and caregivers that allow people to delay or avoid more costly services

Global Waiver Goals → Strategies → Activities

Delivery System Transformation

Bi-directional integrated delivery of physical & behavioral health services

Transitional care focused on specific populations

Jail/Prison

Institutions/Acute Care Stays

Alignment of care coordination & case management to serve the whole person

Outreach, engagement & recovery supports

Multi-Disciplinary Community Health Teams

Supportive Housing

Supported Employment

Health Systems Capacity Building

Workforce Development

Capacity Development for community based teams

Telemedicine/health

Community Paramedicine

System infrastructure, technology & tools

Provider system supports to adopt value based purchasing and payment

Population Health Improvement

Prevention Activities for targeted populations and regions

Diabetes and Pre-Diabetes

Tobacco Use

Mental Health

Substance Use/Abuse (opioid use focus)

High risk Pregnancy

Adverse Childhood Experiences

Oral Health

Targeted Long Term Services and Supports

Pre-Medicaid/Medicaid Interventions & Supports

Dementia Specialty Interventions

Respite

Caregiver Training, Screening, & Assessment

* Not an exhaustive or conclusive list



Initial Parameters for Selecting Global Waiver Activities

- Target statewide priorities that are central to achieving the goals of the Global Waiver
- Prioritize evidence and research-based models and flexibility for promising practice models that show the potential for desirable outcomes
- Target interventions that encourage communities to address local health system needs and health priorities

*A transformation activity toolkit will be developed
in the coming months*



CMS Requirements

- **Budget Neutrality**
 - Must result in federal expenditures for the five-year demonstration period that are no more than what would have been spent in the absence of the waiver.
- **Five-Year Demonstration**
 - Demonstrations are typically approved for five years.
 - Expected savings and performance outcome milestones must be achieved within five years.
 - The transformation is expected to be sustainable after the demonstration period ends.
- **Rigorous Evaluation**
 - Comprehensive evaluation is required to confirm or test the degree to which the program achieves the intended benefits.
- **Public Notice and Tribal Consultation**



Relationship to Current Waivers

The global Medicaid waiver will complement, not replace, current State Plan/amendments and federal waivers that are currently authorized or will be authorized in 2016

- Home and Community-Based Services
 - Eight 1915(c) waivers
 - 1915(k) State Plan Amendment (Community First Choice)
- Apple Health and Integrated Managed Care Health Systems
 - 1932 State Plan Amendment
 - Four 1915(b) waivers

*Revised 6/15/15



Transformation Investment Pools

State will use waiver dollars to create two pools of funds: one for the Delivery System Reform Incentive Payment (DSRIP) program and one for other state priorities

DSRIP

Investment in Medicaid delivery system through funding implementation of state and regionally defined transformation activities

Other State Priorities

Funding for state-administered benefit like programs focusing on LTSSs, improving clinical-community linkages (*e.g.*, supportive housing and supported employment), and increasing behavioral health capacity



Delivery System Reform Incentive Payment Program (DSRIP)

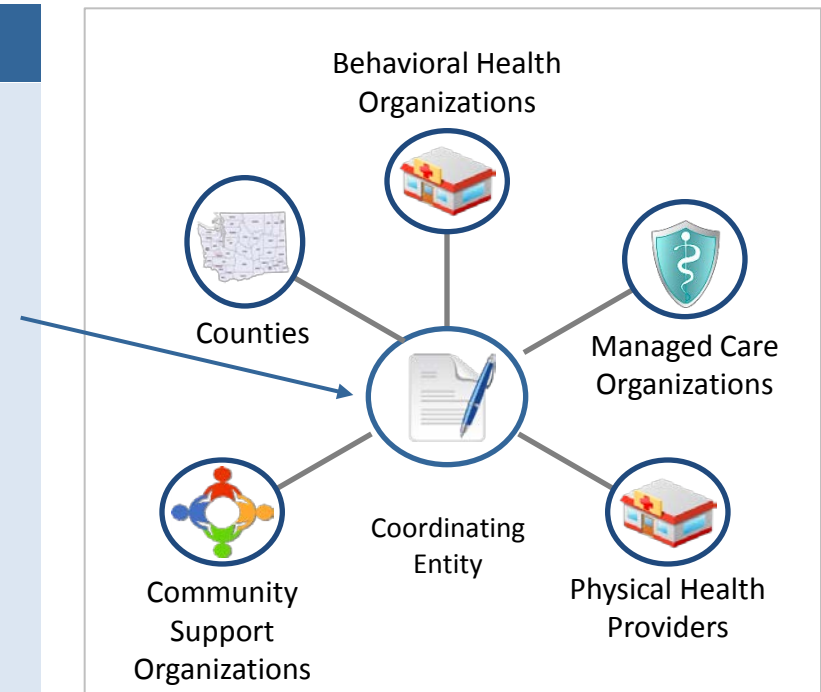
- DSRIP is a tool offered only through 1115 waivers to provide financial incentives to achieve delivery system reform through:
 - System redesign
 - Clinical outcome improvements
 - Infrastructure and capacity development
 - Population-focused improvements
- DSRIPs are **NOT** grant programs.
They are performance-based incentive programs.
- Each DSRIP approved by CMS provides guidance for the next state

Coordinating Global Waiver Activities at the Regional Level

Accountable Communities of Health (ACHs) will coordinate regional transformation

Responsibilities of a Coordinating Entity

- Organize partner organizations in geographic region.
- Coordinate project applications.
- Act as primary point of accountability for the State.
- Contract to receive funds from State.
- Distribute funds to partners to carry out transformation activities.
- Compile required reports.
- Work with State and partners to ensure sustainability.



Qualifications for Coordinating Entities



Organizational Capabilities

Coordinating entities must have demonstrated capabilities to facilitate transformation, such as:

- Previous collaborative experience with partners in the region
- Project management experience
- Experience implementing clinical transformation activities, including grant-funded pilots
- Relationships with health, public health and social services organizations or the ability to establish such relationships



Financial Accountability

Coordinating entities must demonstrate:

- Commitment to using financial practices that allow for transparency and accountability for DSRIP investments.
- Mechanisms to transition responsibility of coordinating entity to another entity, if necessary
- Plan to develop sustainable funding streams for DSRIP transformation activities after the waiver ends

Measuring Success

- The State will negotiate overall waiver performance metrics with CMS
- The State will identify performance milestones and metrics to gauge overall and transformation activity performance
- Metrics will be consistent with legislatively mandated cross system performance measure sets



State Performance

Statewide performance metrics will be used for accountability reporting to CMS.

The State will identify performance metrics tied to the elements of the waiver vision to monitor DSRIP implementation and evaluate the overall success of the waiver.

Regional Performance

The State will require participating organizations to report on process milestones (in the early years) and outcomes metrics to assess the performance of their transformation activities.



Transformation Sustainability

DSRIP funding enables the State and local communities to test and evaluate transformation activities, making the “business case” for ongoing funding or reimbursement through:

- Medicaid reimbursement for cost effective services (State Plan and/or ongoing 1115 waiver)
- Value based purchasing and payment methods
- Targeted philanthropic and/or local investments
- Reinvestment of savings based on established returns on investments*

CMS requires a sustainability plan for maintaining the transformed system after the waiver demonstration period ends



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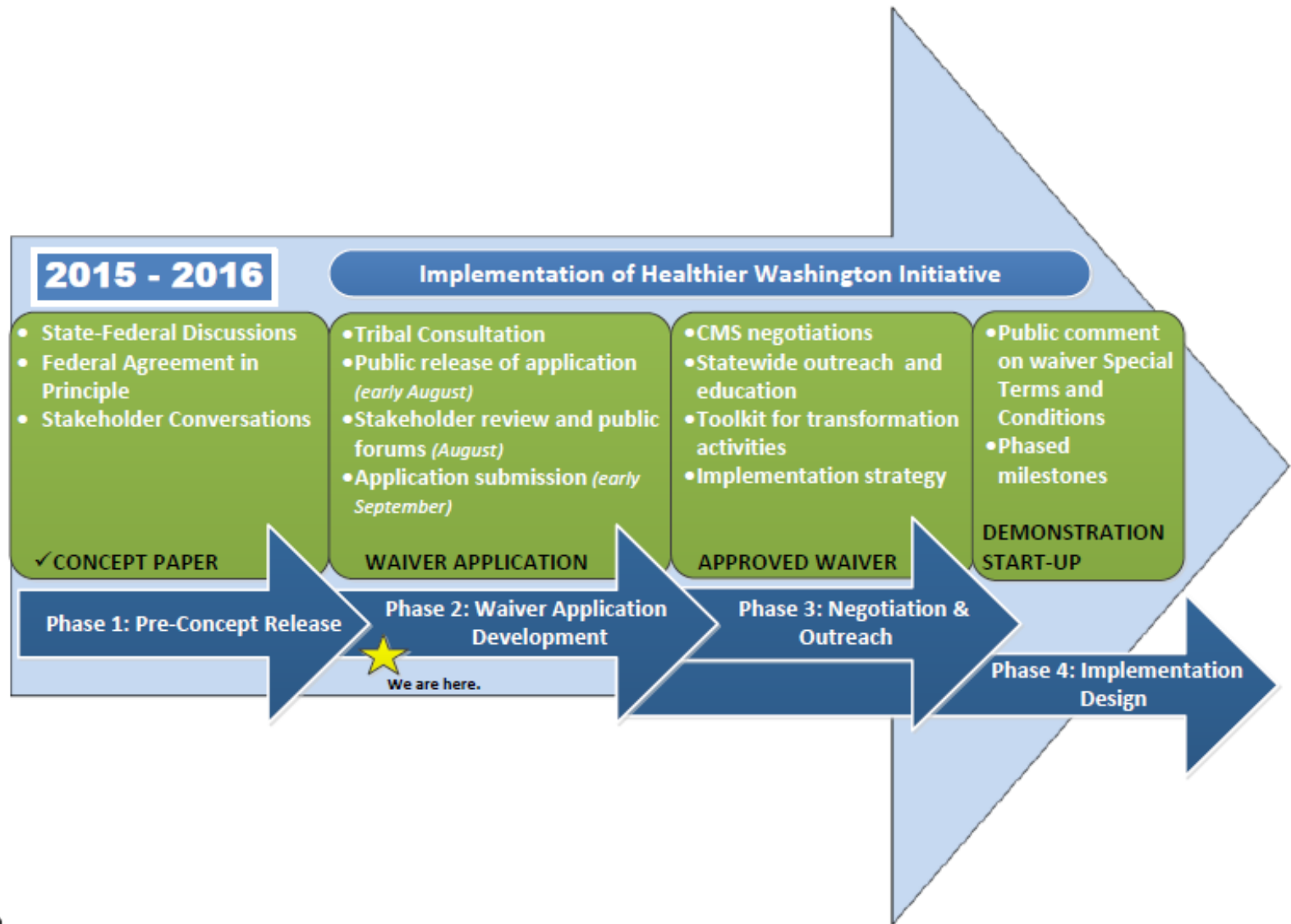
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Timeline, Next Steps, and Engagement

Timeline and Engagement Opportunities





Questions?

Global Waiver Panel

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More Information...

Stay up to date on Medicaid Transformation news and materials online at:

[Healthier Washington Medicaid Transformation](#)

Contact us by email:

medicaidtransformation@hca.wa.gov

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